

Bertram Fire Department
Burnet County ESD No.4
163 W Vaughan, Bertram, TX, 78605
512-355-2717 (Office) 512-355-9702 (Fax)

Part-time Firefighter Application Information

APPLICATION INFORMATION

Bertram Fire Department is currently accepting applications for the position of part-time firefighter. Please understand that if the department is under any budgetary constraints, not all applicants may be accepted. Applications will be kept on file for one year. If you have any questions or concerns, please contact Dalton Huffstuttler via email: dhuffstuttler@bvfd.us

MINIMUM REQUIREMENTS

- 18 years of age or older.
- Must be in good health.
- Possess a valid Texas Class B Exempt driver's license or higher.
- High school diploma, GED, or equivalent.
- Good driving record.
- No felony convictions.
- TCFP Firefighter Basic
- TCFP Driver/Operator - Pumper
- TDSHS -Certified Emergency Medical Technician (EMT)
- Preferred two years paid experience

APPLICATION INSTRUCTIONS

1. Contact Dalton Huffstuttler at dhuffstuttler@bvfd.us for application.
2. Obtain an original copy of your Texas Department of Public Safety driving record. Your application will not be processed without driving record attached.
3. Provide a copy of your high school diploma or equivalent, and any certifications or training records.
4. Submit your completed application, along with all required documentation, via mail (to the address below) or in person.
5. After we receive your application you may be contacted for an interview.
6. Applications must be turned in at the central fire station.

OUTLINE OF WHAT TO EXPECT MOVING FORWARD AFTER APPLICATION:

- Application review
- Interview
- Committee review
- Chief's review
- Notified of results
- Shift assignment
- Issue of uniform and PPE

The interview process will be conducted at the Bertram Fire Station located at 163 W Vaughan Bertram TX 78605

ITEMS NOT PROVIDED:

- Navy blue duty pants (required)
- Station boots (required)
- Bedding
- Toiletries

CONTACT INFORMATION

Bertram Fire Station
163 W Vaughan
P.O Box 248
Bertram, TX 78605
512-355-2717 (Office)
Administration Office Hours: 8:00-5:00pm (M-F)
www.bvfd.us

Bertram Fire Department
163 W Vaughan Bertram Tx 78605
512-355-2717 (Office) 512-355-9702 (Fax)
Burnet County Emergency Service District No.4

www.bvfd.us

Date of Application: / /

To start the process of becoming a Part-time member with Bertram Fire Department, please fill in each space in this form. Please attach a current copy of a certified driving record and the required certifications . This form will be kept on file for one year.

PERSONAL INFORMATION

Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
E-Mail:	<input type="text"/>		
	<input type="checkbox"/> Check if no email address is available		
SSN:	<input type="text"/>	Are you 18 years or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY CONTACT INFORMATION

Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship:	<input type="text"/>	Cell Phone:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:

Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position:	<input type="text"/>	Phone:	<input type="text"/>
Supervisor:	<input type="text"/>	Dates of Employment:	<input type="text"/>

FORMER EMPLOYER:

Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position:	<input type="text"/>	Phone:	<input type="text"/>
Supervisor:	<input type="text"/>	Dates of Employment:	<input type="text"/>

BACKGROUND INFORMATION

Driver's License Number: State: Class: Expires:

☐ YES ☐ NO Has your Driver's License ever been suspended or revoked? If YES, explain the circumstances, including dates:

☐ YES ☐ NO Have you even been convicted / sentenced / placed on probation for a criminal offense or serious traffic offense? If YES, give details, including charge, location, and disposition of case.

☐ YES ☐ NO Have you ever applied to this Department before? If YES, when?

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☐ YES ☐ NO Have you ever been a member of the Bertram Fire Department before? If YES, when?

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☐ YES ☐ NO Have you ever served with another fire department, EMS agency, rescue squad, or other emergency services agency before? If YES; where, when and what position(s) held?

if you need additional space, please attach a narrative on a separate page to the back of this application.

EDUCATION AND TRAINING

High School:

Name of School:	Dates Attended:
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☐ GED Did you graduate? ☐ YES ☐ NO

College:

Name of School:	Dates Attended:	Field of Study
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 Did you graduate? ☐ YES ☐ NO

Other:

Name of School:	Dates Attended:	Field of Study
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 Did you graduate? ☐ YES ☐ NO

Place a check in the box next to any certifications that you currently possess:

TEXAS COMMISSION ON FIRE PROTECTION:

STRUCTURE FIRE PROTECTION (FIREFIGHTER):	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
AIRCRAFT RESCUE FIRE PROTECTION:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
MARINE FIRE PROTECTION:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE INSPECTOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
ARSON INVESTIGATOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE INVESTIGATOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE SERVICE INSTRUCTOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER

FIRE EDUCATION SPECIALIST:

☐ BASIC

☐ INTERMEDIATE

☐ ADVANCED

☐ MASTER

☐ FIRE OFFICER 1

☐ FIRE OFFICER 2

☐ HAZMAT TECHNICIAN

☐ DRIVER/OPERATOR-PUMPER

EDUCATION AND TRAINING, CONT

STATE FIREMAN'S AND FIRE MARSHALS' ASSOCIATION OF TEXAS (SFFMA):

FIREFIGHTER: ☐ INTRODUCTORY ☐ FFI ☐ FFII

INSTRUCTOR: ☐ LEVEL I ☐ LEVEL II

FIRE PREVENTION SPECIALIST: ☐ LEVEL I ☐ LEVEL II

ARSON INVESTIGATOR: ☐ LEVEL I ☐ LEVEL II

FIRE INVESTIGATOR: ☐ LEVEL I ☐ LEVEL II

DRIVER/OPERATOR ☐ LEVEL I

TEXAS DEPARTMENT OF STATE HEALTH SERVICES / NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS:

☐ CPR (AHA OR RED CROSS)

☐ ECA (NREMT-FIRST RESPONDER)

☐ EMT-BASIC

☐ EMT-INTERMEDIATE

☐ REGISTERED PARAMEDIC

☐ LICENSED PARAMEDIC

List any other fire/EMS training, experience, college courses or certifications that you possess:

CHARACTER REFERENCES

LIST TWO REFERENCES (OTHER THAN FAMILY):

Name: Years Known:

Address:

Relationship: Phone: () -

Name: Years Known:

Address:

Relationship: Phone: () -

CERTIFICATION OF APPLICATION

READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AND DATING IN THE SPACE PROVIDED BELOW.

1. I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, and/or omission of information shall be grounds for dismissal from the department.
2. I authorize any persons or organizations referenced in this application to give you any and all information, personal, and/or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from damages which may result from furnishing such information to you.

3. I understand that if I have a preexisting medical condition, illness, or injury that it is recommended by Bertram Fire Department that I receive approval to participate in fire department activities from my personal physician.

Signature of Applicant:

Date: